

South Dakota Arts Council

711 E. Wells Avenue, Pierre, SD 57501

(605)773-3301 or 1-800-952-3625

Website: www.artscouncil.sd.gov

Interim Grant Application

Read application procedure before completing form.

Check one grant category: ☐ Arts Opportunity Grant ☐ Professional Development Grant ☐ Technical Assistance Grant

Applicant Organization (Please type or print)				TIN Number	
Mailing Address	City	State	Zip		
Telephone	E-mail Address				
Contact Person	Daytime Phone		Evening or Message Phone		
Mailing Address	City	State	Zip	E-mail Address	
Project Title					

Grant Application Codes (Select only one code for each)				Project Period: Start Date _____ End Date _____	
Applicant Status	_____	Arts Education	_____	Date(s) of Project Events _____	
Applicant Institution	_____	Project Descriptors	_____	Grant Amount Requested: _____	
Applicant Discipline	_____	Project Race	_____	Total Budget: _____	
Project Discipline	_____	Grantee Race	_____	Number of Individuals to Benefit: _____	
Type of Activity	_____			Number of Children and Youth to Benefit: _____	
				Number of Artists Participating: _____	

Application Summary:

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. I understand and agree that any funds granted as a result of this application are to be used for the purposes set forth herein. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the relevant Terms, Conditions and Guidelines as printed. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process.

Authorizing Official:

Signature	Title	Date		
Address	City	State	Zip	Telephone

INTERIM FUNDING APPLICATION

BUDGET INFORMATION

Applicant Organization

Round all amounts to the nearest dollar.

Project Title

EXPENSES	Cash Expenses	In-Kind Contributions
A. Personnel Administrative (Number of Positions <input type="text"/>)		
Artistic (Number of Positions <input type="text"/>)		
Outside Artistic Fees and Services		
Other Outside Fees and Services		
B. Space Rental		
C. Travel (Mileage, Lodging, Meals)		
D. Marketing		
E. Remaining Operating Expenses _____ _____ _____		
F. Total Cash Expenses (A through E)		
G. Total In-Kind Contributions (A through E)		
H. Total Expenses (Total of F and G)		

INCOME	Income
I. Admissions	
J. Contracted Services Revenue	
K. Other Revenue (Please specify) _____	
L. Cash Support Corporate _____ Foundation _____ Other Private _____	
M. Government Support City/County _____ Regional/State _____ Federal _____ Other SDAC Grant(s) _____	
N. Applicant Cash	
O. Total Application Cash Income (I through N)	
P. Grant Amount Requested from SDAC (No more than 50% of Total Cash Expenses from F above)	
Q. Total Cash Income (O and P)	
R. Total In-Kind Contributions (Same as G above)	
S. Total All Income (Total of Q and R should equal H above)	